





July 2, 2012

The Update is a bi-weekly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Iowa Pertussis Numbers on the Rise

According to testing performed by the State Hygienic Laboratory, the lowa Department of Public Health (IDPH) says more than 150 people with pertussis (whooping cough) have been reported so far in 2012. This is a 121 percent increase over the number of cases reported at this time in 2011. The actual number of cases is probably much higher, because most adults with pertussis are not diagnosed or reported. While children ages 5 to 14 years make up the bulk of reported cases, it's important to note that adults are considered the primary 'spreaders' of the disease.

"Children receive pertussis vaccine series beginning at 2 months of age, and are recommended to get a booster dose of pertussis vaccine at 11 or 12 years of age," said IDPH Medical Director, Dr. Patricia Quinlisk. "Most adults haven't had a pertussis vaccination since childhood so they probably have no immunity left to pertussis. When they get the disease, their symptoms are milder and are often mistaken for a lingering cough, but they still spread the disease to others."

Thus, it's especially important that adults who are around children receive pertussis-containing vaccine because they can spread the disease to infants and young children who are too young to be fully immunized; this is called cocooning - providing a cocoon of safety around the child who cannot be vaccinated or is not old enough to be fully vaccinated. In infants, pertussis can be severe and even deadly. Adults can receive the Tdap shot (the adult "tetanus booster" that also contains pertussis vaccine).

The most common symptoms of pertussis in children are fits of coughing sometimes followed by vomiting or a 'whooping' sound as air is inhaled. Adults also cough, but usually the cough is not as severe, and the "whoop" is not heard. This is why many adults do not realize they have pertussis.

While taking antibiotics will treat the infection and prevent an individual from spreading the disease any further, the cough may continue for weeks while the irritated airways completely heal.

To view the latest pertussis case counts in lowa, go to www.idph.state.ia.us/cade/default.aspx. For more information, contact Polly Carver-Kimm at (515) 281-6693.

Focus on Water Safety: CSN Resource Guide 2012

With the start of summer, the Consumer Safety Network provided a special newsletter issue on water safety. This newsletter issue contains data on the following:

- drowning prevention
- drowning and scald injuries
- water safety laws
- prevention strategies and programs
 evaluations of the effectiveness of lifeguards
 and swimming lessons to support safe
 swimming practices
- policies and campaigns to encourage water safety
- safety barrier restrictions
- other safety guidelines
- resources and publications
- legislation
- CSN webinars

To view the water safety newsletter, go to www.childrenssafetynetwork.org/sites/ www.childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/WaterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssafetynetwork.org/files/waterSafety-childrenssaf

Updated CSN Bicycle Safety Resource Guide

Data from the National Electronic Injury Surveillance System of the U.S. Consumer Product Safety Commission showed that

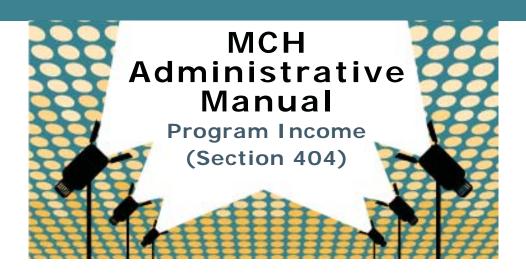


6,228,700 individuals 18 years and younger were treated in U.S. emergency departments for bicycle-related injuries from 1990-2005.

With the start of summer, the Child Safety Network has provided a special newsletter issue on bicycle safety, a topic which is also linked to initiatives to promote healthy weight and reduce obesity. This newsletter issue contains data on the following:

- bicycle-related injuries
- information about bicycle helmet laws
- prevention strategies and programs
- evaluations of the effectiveness of wearing bicycle helmets
- information about making environmental changes to support safe bicycling
- information about campaigns to encourage bicycling
- bicycle helmet ratings
- other safety guidelines

The view the CSN newsletter, go to www.childrenssafetynetwork.org/publications/focus-bicycle-safety-special-issue-csn-newsletter.



Section 404 of the MCH Administrative Manual

This highlight provides additional information on budgeting and tracking of program income as described in Section 404 of the 4th Edition of the MCH Administrative Manual.

Budgeting for program income now includes both funds garnered from IDPH for Title XIX, fee-for-service, presumptive eligibility/informing and care coordination expenditures as well as matching funds from other sources. All of these sources will be reportable on the expenditure reports (EEWs) for maternal health and child health. Together, these are your agency's total program income. Totals for each programs' program income are viewable on the last tab of your agency's MCH/FP EEW on SharePoint.

As stated in the manual, you may retain three months' worth of operation capital which is based on a 3-month average of your year-to-date expenses as well as the amount carried over from the previous contract year (if applicable). This amount should be entered in the first month's expenditure report of the next contract year. If you have carry-over program income that needs to be entered in a month other than the first, contact IDPH for technical assistance as the expenditure reports will need to be properly adjusted on SharePoint to accurately calculate the program income balance(s) and three-month operating capital limit.

To follow and track each programs' three-month operating capital, there is a table at the end of the EEW (next to the Program Income tab mentioned above) that breaks down the monthly amounts required to bill grant funds.

If you have additional questions, please contact Andrew Connet at andrew.connet@idph.iowa.gov or by phone at (515) 281-7184.

Oral Health Recent Events

News from the Bureau of Oral and Health Delivery Systems - Oral Health Center

2011 Public Health Supervision Results

The need for dental care in Iowa is great. Dental caries is the single most common chronic disease of childhood, yet it is largely preventable. As a way to increase access to dental care, lower costs, and promote better health outcomes for Iowa families,



the lowa Dental Board has rules that allow the public health supervision of dental hygienists. This type of supervision allows oral health services to be provided in designated public health settings without the direct supervision of a dentist.

Public health supervision agreements are becoming more accepted in lowa with the belief that preventive care can best be accomplished through a patient centered, collaborative team approach that benefits both the individuals served and the health care system. The services provided by dental hygienists, such as fluoride varnish and sealants, can do much to alleviate the barriers families have to receiving care.

Each year, the Iowa Department of Public Health, Oral Health Center, compiles the total number of services provided by hygienists under public health supervision. The 2011 report is now on the OHC website at www.idph.state.ia.us/hpcdp/common/pdf/oral health/2011 ph services.pdf.

In calendar year 2011, 76 dental hygienists provided over 160,500 preventive services (the majority to children under the age of 21). In addition, over 38,300 clients were referred to dentists for further follow up care and/or treatment. Compared to 2010, the number of providers in addition to the number of services has significantly increased.

For more information on oral health, contact the Bureau of Oral and Health Delivery Systems at 1-866-528-4020.

Administration/Program Management

Changes to WIC's Soy Formula Contract

Starting in October 2012, the Iowa WIC Program will enter into a new soy formula contract. The contract will be changing from Abbott (Similac) to Nestle (Gerber Good Start). Additional information about this change is available on page 7 of **The UPdate**.

Calendar

October 16-17, 2012
*Bureau of Family Health Fall Seminar
Gateway Hotel and Conference Center, Amees

JULY Contract Required Due Dates

- 1- Changes CAReS Password
- 12 FP Client Visit Records
- 15 Electronic Expenditure Workbooks
- 15 MCH/FP Activity Worksheet Revision
- 30 Export WHIS Records to IDPH
- 30 Dental Data Report
- 30 *hawk-i* Outreach Quarterly Progress Report

^{*} Required meeting



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lowa Department of Public Health Promoting and Protecting the Health of Iowans

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Director

To: Maternal & Child Health Project Directors and Coordinators

From: Jill Lange, MPH, RD, LD, State WIC Director

Bureau of Nutrition and Health Promotion

Date: June 22, 2012

Dear Maternal & Child Health Project Directors and Coordinators:

Under 7 CFR, Section 256.10(g) of the Federal Register related to infant formula cost containment, State WIC agencies or an alliance of State agencies must issue bid solicitations every five years. For the coming bid period, solicitations were issued for both milk-based and soy-based formulas by the State alliance which includes lowa for October 1, 2012 to September 30, 2017. These bids include rebates to State agencies allowing States to serve more infants.

Under the new contract, the Iowa WIC Program will enter into a new <u>SOY</u> formula contract with the Nestle Company. The change will be reflected as follows:

Ross Product (previously used)	Replaced by
Similac Soy Isomil	Gerber "Good Start" Soy
Similac Go & Grow Soy	Gerber "Good Start" 2 Soy

There will be no changes in the milk-based formulas. These products include Similac Advance, Similac Sensitive, Similac for Spit Up, and Similac Go & Grow-Milk Based.

Any checks issued for October and after will be for the new soy formula.

Please contact the Iowa WIC Program at 1-800-532-1579 for any questions you have regarding this change.